

American Hospital Association Data Review Transcript

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DR. YABROFF: Thanks. Hello again. As Jon said, my colleagues used the American Hospital Association data, and that is basically a survey that's conducted annually of all hospitals in the country, and there's something like 6,200 hospitals that respond to the survey and provide data, although not all of them provide all the data. So there is quite a bit of missing data, but what we're going to be talking about is data elements where there is a good percentage of respondents.

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The first thing we did was to use these data for each hospital and link the hospital based on where it was located to characteristics of the county it was located in and also characteristics of mortality * some of the things that Susan Devesa presented earlier on mortality rates in different counties. We linked these data -- whether or not they were in high cervical cancer mortality counties or low cervical cancer mortality counties. And we excluded from these analyses hospitals and counties where there weren't enough data to understand whether or not they were high or low. And just to repeat, about 22 percent of these hospitals are certified by the American College of Surgeons. So this is a small segment, although, because they are certified for oncology services, that is the top. So now we're going to look a little bit more about what's going on everywhere else and what we can learn about these other hospitals. And not surprisingly, hospitals that are not ACOS certified are more likely to be in the high cervical cancer mortality counties. And as Susan mentioned earlier, they are also more likely to be rural, have low income and low educational attainment. And all of these differences are highly significant.

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Non-ACOS hospitals are also less likely to have oncology services, which again, is not surprising since that's part of the certification process -- radiation therapy. We also included mammography services just because we're interested in what types of cancer prevention services do some of these hospitals have. As you can see, the non ACOS hospitals are less likely to have mammography services than the ACOS hospitals. They are also likely to be a lot smaller. They have fewer hospital beds, and they also have fewer full-time medical personnel. Now we also split these data to look at a different sort of comparison: to look at counties with high cervical cancer mortality and counties with lower cervical mortality.

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And so, this next set of comparisons looks at how are hospitals and counties with high cervical cancer mortality different from those counties with low cervical cancer mortality. And not surprisingly, hospitals and counties that have low cervical cancer mortality rates are less likely to have oncology services. They're also less likely to have radiation therapy. They're also more likely -- the hospitals and counties with high cervical cancer mortality rates are also more likely to have fewer hospital beds and fewer full-time medical personnel.

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And finally, in one last comparison, we linked these same data to look at counties that didn't have any hospitals at all. And I was actually surprised to learn that they are 611 counties that don't even have a single hospital, and that's 18 percent of all counties in the United States. And these areas are very rural and low income with low educational attainment. And cervical cancer mortality rates in these counties without hospitals are much higher than those that do have hospitals. So I think these data give you a sense of

how hospitals may play a role in what were seeing in cervical cancer mortality. Thank you.